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1616 18

Repetitioner's Docket No. 13455.00009

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dodd, George Henry

Application No.: 09/509,695

Group No.: 1616

Filed: 09/20/2000

Examiner: J.D. Pak

For: Phermone Composition

RECEIVED

AUG 14 2002

TECH CENTER 1600/2900

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is *mandatory*;
Express Mail certification is *optional*.)

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MAILING

☒ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington D.C. 20231
37 C.F.R. § 1.8(a)
☐ with sufficient postage as first class mail.

☐ as "Express Mail Post Office to Addressee"
Mailing Label No. _____ (mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office. (703) _____

Date: 8-2-02

Signature

Kathy Haney Krnjicek
(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.



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FEE FOR CLAIMS

4. The fee for claims (37.C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDIT. FEE	
TOTAL	20	—	20	=	0 x	\$	9.00	=	\$	0.00
INDEP.	1	—	3	=	0 x	\$	42.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$	0.00	=	\$	0.00
							TOTAL			
							ADDIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$55.00 to Deposit Account No. 50-1089.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

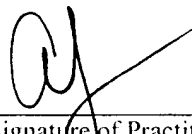
A duplicate of this paper is attached.

FEE DEFICIENCY

6. An additional extension and/or fee is required, charge Account No. 50-1089.

An additional fee for claims is required, charge Account No. 50-1089.

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Signature of Practitioner
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